

Serial No. 09/854,708

Attorney Docket No. PF01898NA

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

JAN 16 2004

Applicant(s): Muncaster, George W., et al.

Examiner: Crosland, Donnie L.

Serial No.: 09/854,708

Art Unit: 2636

Filed: May 14, 2001

Docket No.: PF01898NA

Title: Wireless Navigation System, Device and Method

OFFICIAL

Motorola, Inc.
Law Department
600 North U.S. Highway 45, AN475
Libertyville, IL 60048

AMENDMENT UNDER 37 C.F.R. §1.116

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

This communication is responsive to the Office Action mailed September 16, 2003, concerning the above-identified application having a shortened statutory period for response which expired December 16, 2003. The period for response is hereby extended to January 16, 2004, by the accompanying one-month Petition for Extension of Time, and this communication is timely filed within this extended period for response.

Please amend the above application as follows:

**MOTOROLA****FAX TRANSMITTAL SHEET****RECEIVED
CENTRAL FAX CENTER****JAN 16 2004**

Motorola, Inc.
Intellectual Property Section
Law Department
600 North U.S. Highway 45
Libertyville, IL 60048

OFFICIAL**Telephone: (847) 523-2322****Facsimile: (847) 523-2350****15**

Number of Pages (including this page)

Date: 1/16/04

To: Commissioner for Patents

Location: United States Patent and Trademark Office

Fax No.: (703) 872-9306

From: Hisashi D. Watanabe Registration No. 37,465

Subject: Serial No. 09/854,708

Docket No. PF01898NA

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MESSAGE:

Enclosed herewith, please find:

- ☒ Request for Continued Examination Transmittal
- ☒ Amendment (11 pages)
- ☒ Fcc Transmittal Form
- ☒ Petition for Extension of Time

PLEASE GIVE THESE PAPERS TO:

EXAMINER:
GROUP ART UNIT:
SERIAL NO.:
FILED:
INVENTOR:

Crosland, Donnie L.
2636
09/854,708
May 14, 2001
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FEE TRANSMITTAL Patent fees are subject to annual revision <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Complete if Known																																																																																																																																																																	
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METHOD OF PAYMENT (check all that apply) <input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number 502117 Deposit Account Name Motorola, Inc. The Director is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.		FEE CALCULATION (continued) 3. 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